

2-1	Eligibility and Intake for Developmental Disability Supports	Part 1 of 3
Authorizing Utah Code: 62a-5-101	Rule: R539-1-1 and R539-1-2	DD Supports
Approved: 3/11/99	Rule Effective:	Printed: 4/00
Form(s): 2-1, 19, 490S, 522-I or 522-F, 824 and ICAP		Guideline(s): 2-1F and 2-1RC

## POLICY

This policy does not apply to **Applicants** who meet the separate eligibility criteria for personal assistance and brain injury outlined in **Division** policy 3-1 and 4-1 respectively. **Applicants** who have a disability due to only mental illness, hearing impairment and/or visual impairment, learning disability, behavior disorder or the aging process, do not qualify for services under this policy.

The **Division** will serve those **Applicants** who meet the definition of disabled in **Utah Code Annotated** 62A-5-101. These are **Applicants** who have a severe, chronic disability:

- a. attributable to mental or physical impairment or a combination of mental and physical impairments;
- b. likely to continue indefinitely;
- c. resulting in a substantial functional limitation in three or more of the areas of major life activity defined below, (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency); and
- d. requiring a combination or sequence of specialized interdisciplinary or generic care, treatment, or other services that may continue throughout life and must be individually planned and coordinated.

Substantial functional limitations in the seven areas of major life functions are defined as follows: (when determining limitations in the areas listed below, age appropriateness must be considered)

1. Self-care - An **Applicant** who requires assistance, training and/or supervision with eating, dressing, grooming, bathing or toileting.
2. Expressive and/or receptive language - An **Applicant** who is limited in expressive and/or receptive language. Expressive impairments are noted when an **Applicant** lacks functional skills and/or requires the use of assistive devices to communicate. Receptive impairments are noted when an **Applicant** does not demonstrate understanding of requests or is unable to follow two-step instructions.
3. Learning/Cognitive Development - An **Applicant** who has obtained a valid and reliable IQ score of two standard deviations or more below the mean on a individually administered standardized intelligence test, (e.g., a score of 70 or below on the Wechsler Intelligence Scale for Children or Adults, WISC III or WAIS III or a score of 68 or below on Stanford-Binet, Fourth Edition). IQ test scores over the developmental period should consistently yield scores two standard deviations below the mean.
4. Mobility - An **Applicant** with a mobility impairment who requires the use of assistive devices to be mobile and who cannot physically self-evacuate from a building during an emergency.
5. Capacity for independent living - Age appropriate abilities must be considered. An **Applicant** who is unable to locate and use a telephone, cross streets safely, or understand that it is not safe to accept rides, food or money from strangers. An adult who is unable to complete basic survival skills in the areas of shopping, preparing food, housekeeping or paying bills. An **Applicant** who is a significant danger to self or others without supervision.
6. Self-direction - A child (age 6-18) who is unable to make age-appropriate decisions concerning self-protection. An adult who is unable to provide informed consent for medical/health care,

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personal safety, legal, financial, habilitative or residential issues and/or who has been declared legally incompetent.

7. Economic self-sufficiency - An adult who receives Social Security Administration disability benefits and who is unable to work more than 20 hours a week or is paid less than minimum wage without employment support. The economic self-sufficiency functional limitation applies only to adults (age 18 or older).

The intake process will include determination of eligibility for **Division** funding. The **Applicant** shall be provided with information concerning service options and a copy of the **Division's** Guide to Services.

**Region** staff shall determine if **Applicants** found eligible for state funds are also eligible to receive federal matching funds through the **Waiver**. Matching federal **Medicaid** funds are available through the Home and Community-Based **Waiver** for People with Mental Retardation and Developmental Disabilities. To be determined eligible for **Waiver** funding **Applicants** must:

- a) meet all state eligibility requirements including having a disability that results in substantial functional limitation(s) in three or more of major life activities 1 through 6, (economic self-sufficiency is not allowed as a functional limitation for **Waiver** eligibility); and
- b) require the **Level of Care** provided in an Intermediate Care Facility for People with Mental Retardation, (per **Code of Federal Regulations**, 42 CFR Part 441 Subpart G).

The **Applicant** or the **Applicant's Representative** must be a **Resident** of the state of Utah prior to the **Division's** final determination of eligibility. **Applicants** who are found eligible for **Waiver** funding but who choose not to participate in the **Waiver**, will receive only the state paid portion of support.

## PROCEDURES

1. The following documents are required to determine eligibility for developmental disabilities services funding.
  - A. A **Division Form 19** (Eligibility for Services) signed by a licensed physician, licensed psychologist or certified school psychologist. For children six years of age and younger, letters from two licensed or certified professionals working in the disability field will be accepted in lieu of the **Form 19**, providing the letters state:
    - i. the child is at serious risk of a disability, and
    - ii. the disability is likely to continue indefinitely.
  - B. Inventory for Client and Agency Planning (ICAP) assessment;
  - C. Social History and/or Social Summary **Form 824** - completed by or for the **Applicant** within one year of the date of application; and
  - D. Psychological evaluation, or for children six years or younger, a developmental assessment.
2. An **Applicant's** eligibility for funding for developmental disability supports is determined by the following process:
  - A. **Region** staff perform an assessment within 15 business days of the day that all required

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information is received and either:

- i. determine the **Applicant** eligible or ineligible for funding for developmental disabilities supports, or
  - ii. forward the **Applicant's** name and intake information to the State Eligibility Committee for placement on the Committee's next meeting agenda. The Committee shall review the **Applicant's** information and determine if the **Applicant** is eligible for funding.
- B. A **Qualified Mental Retardation Professional (QMRP)** evaluates criteria to determine if a **Person** found eligible for state funding is also eligible for **Waiver** services.
3. **Persons** found eligible for the **Waiver** who are over the age of 11 (see **Utah Code Annotated**, Section 62A-5-402 through 62A-5-403) shall be provided with a list of Intermediate Care Facilities for People with Mental Retardation (ICFs/MR) and asked to choose between receiving services in the community or in an Intermediate Care Facility for People with Mental Retardation (ICF/MR). **Persons** under age 11 may only be admitted to an Intermediate Care Facility for Persons with Mental Retardation by following Procedure 4D, of **Division** Policy 1-6.
  - A. If the **Person/Representative** chooses to receive services in an Intermediate Care Facility for People with Mental Retardation (ICF/MR), the **Region Director** will write a letter of referral.
  - B. **Persons/Representatives** choosing to move to an Intermediate Care Facility will be asked by the **Region** staff if they want their name placed on the waiting list for future placement in community-based services. If the **Person/Representative** requests, **Region** staff shall place the **Person's** name on the waiting list.
4. If funding is unavailable for a **Person** who chooses to receive services from a community **Provider**, the **Person's** name is entered on the waiting list in accordance with **Division** policy 2-2, Waiting List and Critical Needs Assessment.
5. A **Person/Representative** may petition the **Region Director** for a hardship exception of the requirement to use **Medicaid** funding.
6. A Notice of **Agency Action**, **Form 522**, and a Hearing Request, **Form 490S**, are mailed to each **Person/Representative** upon completion of the determination of eligibility or ineligibility for funding (see Policy 1-5 Notice of Hearing for **Agency Action**). The Notice of **Agency Action**, **Form 522**, should inform the **Person/Representative** of eligibility determination and placement on the waiting list.